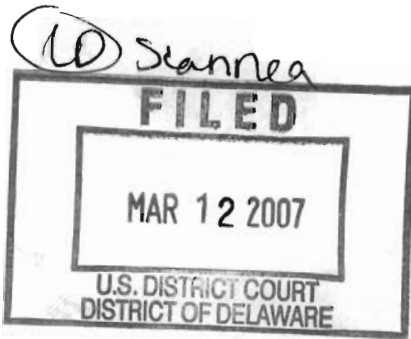


United States District Court
For the District of Delaware



Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 07 CV 36 JJF

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i></p> | |
| <p>1. Article Addressed to:</p> <p>WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977</p> | | <p>B. Received by (Printed Name) <i>M. Lamon</i></p> <p>C. Date of Delivery <i>3/10/07</i></p> | |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> | |
| | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number <i>(Transfer from service label)</i></p> | | <p><u>7005 1820 0004 3169 6732</u></p> | |
| <p>PS Form 3811, February 2004</p> | | <p>Domestic Return Receipt</p> | |
| | | <p>102595-02-M-1540</p> | |

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